

# APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

(Use additional sheets where necessary for additional space)

HOSPITAL <b>Wasatch County Hospital</b>		LOCATION <b>Heber City, UT</b>		DATE <b>June 22, 1981</b>	
<b>IDENTIFYING INFORMATION</b>	LAST NAME <b>Ferguson</b>		FIRST NAME <b>William</b>		INITIAL <b>W</b>
	BIRTHPLACE <b>Clark AFB, Philippines</b>		DATE OF BIRTH <b>4 Mar 50</b>		
	OFFICE ADDRESS <b>95 S. 500 E. Heber City UT</b>		CITY <b>UT</b>		STATE <b>84032</b>
	HOME ADDRESS <b>101 N. Johnson Mill Rd. Midway UT</b>		CITY <b>UT</b>		STATE <b>84049</b>
	CITIZENSHIP <b>USA</b>		MARITAL STATUS <input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D		NAME OF SPOUSE <b>Katherine</b>
	PRACTICE LIMITED TO <b>Family Practice</b>				
OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC.					
PRACTICING WITH WHOM AND NATURE OF AFFILIATION <b>USAF Hospital, Hill AFB, UT</b>					
<b>MEDICAL INFORMATION</b>	ON SEPARATE SHEET, FURNISH DATE OF LAST PHYSICAL EXAMINATION, SIGNIFICANT FINDINGS, NAME OF PHYSICIAN AND/OR INSTITUTION WHERE PERFORMED, AND DATES AND CAUSES OF ALL HOSPITALIZATIONS FOR PAST FIVE YEARS.				
<b>PREMEDICAL EDUCATION</b>	COLLEGE OR UNIVERSITY <b>SEE CURRICULUM VITAE FOR EDUCATION AND TRAINING</b>		DEGREE		HONORS
	ADDRESS		DATE OF GRADUATION		
<b>MEDICAL EDUCATION</b>	MEDICAL SCHOOL		DEGREE		HONORS
	ADDRESS		DATE OF GRADUATION		
<b>INTERNSHIP</b>	HOSPITAL		ADDRESS		DATES
	TYPE OF INTERNSHIP		SPECIAL		
	PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF STAFF, CHAIRMEN OF DEPARTMENTS, OTHERS)				
<b>RESIDENCIES</b>	FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS, POSTGRADUATE EDUCATION (CHRONOLOGICAL ORDER: DATES, LOCATIONS, CHIEFS OF STAFF, CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RESPONSIBLE FOR PERFORMANCE)				
	LOCATION				DATES
	LOCATION				DATES
	LOCATION				DATES
<b>CONTINUING MEDICAL EDUCATION</b>	ON SEPARATE SHEET, LIST ALL POSTGRADUATE ACTIVITIES WHICH YOU HAVE ATTENDED, OR FOR WHICH YOU HAVE RECEIVED CREDIT IN THE PAST TWO YEARS.				
	FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST OF SCIENTIFIC MEETINGS YOU HAVE ATTENDED DURING PREVIOUS THREE YEARS (INCLUDE REPRINTS).				
<b>AFFILIATIONS</b>	PRESENT CAPACITY WITH THIS HOSPITAL <b>applying for courtesy privileges to Wasatch Co.</b>				DATE <b>22 Jun 83</b>
	LIST ALL PRESENT AND PREVIOUS HOSPITAL AFFILIATIONS AND MEDICAL STAFF MEMBERSHIPS, IN CHRONOLOGICAL ORDER (INCLUDE ASSISTANTSHIPS AND APPOINTMENTS). SPECIFY ALL DEPARTMENTS IN WHICH PRIVILEGES WERE EXERCISED AND NATURE AND EXTENT OF SUCH PRIVILEGES.				
	NAME AND LOCATION OF HOSPITAL <b>SEE CURRICULUM VITAE</b>				CAPACITY
	NAME AND LOCATION OF HOSPITAL				CAPACITY
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<b>DESCRIPTION OF PRACTICE</b>	ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY OF ALL PAST AND PRESENT MEDICAL PRACTICE INCLUDING OFFICE, CLINIC, HOSPITAL AND MILITARY. <b>SEE CURRICULUM VITAE</b>				
<b>MEMBERSHIP IN PROFESSIONAL SOCIETIES</b>	ARE YOU A MEMBER OF THE _____ COUNTY MEDICAL ASSOCIATION?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DO YOU HAVE AN APPLICATION PENDING?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>FELLOWSHIP</b>	IF MEMBER PAST OR PRESENT OR APPLICANT TO OTHER COUNTY, STATE OR NATIONAL SOCIETY, GIVE NAME <b>AAFP, Past member of AMA (elected not to renew for 1983)</b>				
	AMERICAN COLLEGE OF <b>SEE CURRICULUM VITAE</b>				DATE
	AMERICAN COLLEGE OF				DATE
	MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	FELLOWSHIP IN OTHER SPECIALTY COLLEGES				
					DATE <b>1 Oct 80</b>

## CURRICULUM VITAE

NAME: William Warren Ferguson, M.D.

Date: 20 June 1983

### PRESENT POSITION AND ADDRESS:

Family Practice Physician fulfilling a four year obligation to the United States Air Force.

U.S.A.F. Hospital, Hill AFB, Utah 84056 Telephone: (801) 777-5503

### BIOGRAPHICAL:

Date of birth: March 4, 1950

Place of birth: Clark AFB, Philippines

Marital Status: Married to Katherine S. Ferguson, M.D., Pediatrician

Children: Three children; ages 13 years, 7 years, and 4 years

Home Address: 101 N. Johnson Mill Road (Midway), Box 402, Heber City UT 84032

Telephone: (801) 654-4412

### EDUCATION:

<u>Date</u>	<u>Course</u>	<u>Degree</u>	<u>Location</u>
6/77-6/80	Residency		Dept. of Family Medicine, University of Texas Medical Branch, Galveston, Texas.
5/77-8/73	Medical School	M.D.	University of Texas Medical Branch, Galveston, Texas.
6/73-9/72	Theology	none	Southern Theological Seminary, Louisville, Kentucky
9/68-6/72	Biology	B.S.	Brown University, Providence, R.I.

### PROFESSIONAL EXPERIENCE

7/80-present Family Practice Physician U.S. Air Force: Family Practice Clinic and Inpatient Services, including OB/GYN; OIC (Officer in Charge) of Immunizations and Allergy Clinic; OIC of Utah Test and Training Range Dispensary.

3/81-8/82 Part time Emergency Room work, St. Mark's Hospital, Salt Lake City, UT

5/80-6/80 Emergency Room coverage, Nederland, TX for the Mid County Emergency Room Associates, 3800 Highway 365, Port Arthur, TX, 60 hour weekends for three weekends.

12/79-1/80 Two week locum tenens, W.L. Marr III, M.D., PA

4/79/3/80 Weekend coverage of Internal Medicine practice. 48 hour weekends for 19 weeks. W.L. Marr III, M.D., P.A., One Moody Plaza,

Galveston, Texas. Included phone, hospital and Emergency Room coverage.

10/78-5/79 Weeknight Emergency Room coverage, U.S. Public Health Service Hospital, Nassau Bay, Texas 28 shifts each were 11 hours.

#### MEMBERSHIP IN SCIENTIFIC SOCIETIES:

Diplomate of the American Board of Family Practice, October 1, 1980.  
American Academy of Family Practice, active member of the Air Force Chapter.

Fellow American Academy of Family Practice, September 1981.

#### HONORS:

Mu Delta Honorary Medical Service Society, July 23, 1976

#### ADDITIONAL INFORMATION

Licensed to practice in Utah and in Texas.

Advanced and Basic Life Support Training, first Certified in July 1979.

Recertified January 1982, Instructor Certified in October 1982.

Advanced Trauma Life Support - Provider Certified in January 1982.

#### REFERENCES:

W.A.-Wilson, M.D., Clinical Director, Department of Family Medicine, University Texas Medical Branch, Galveston, Texas (713) 765-2166.

Michael C. Pinell, M.D. Chief, Department of Family Practice Clinic  
United States Air Force Hospital, Hill Air Force Base, Utah 84056  
(801) 777-5503

R.D. Wallin, M.D. Chairman, Emergency Department St. Mark's Hospital  
Salt Lake City, Utah 84117 (801) 268-7111.

John Ripley Corkery, M.D. Emergency Physicians Group, 1580 East  
3900 South, Suite 203, Salt Lake City, Utah 84117 (801) 272-7921.

W.L. Marr III, M.D., 1501 Broadway, Galveston, Texas 77550  
(713) 763-5376.

Richard LeConey, M.D. Mid County Emergency Room Associates, 3800  
Hwy 365, Port Arthur, Texas 77640 (713) 724-2321.